

Recommendation to the Commission

Party Submitting Recommendation: Subcommittee of the Educational Outcomes Task Force focusing on the integration of mental health and services in schools.

Date of Submission: August 15, 2018

Type of Action Requested:

Legislation Policy Resolution of Support or Endorsement Public Promotion

X Other: Public promotion of this recommendation through respective professional organizations. For example, Indiana Association of School Principals, Indiana Superintendent Association, Indiana Council of Community Mental Health Centers, Indiana School Health Network.

Which of the Commission's Strategic Priorities does this Recommendation help advance:

Child Safety and services Juvenile Justice and Cross-system Youth
 Mental Health and Substance Abuse Educational Outcomes

Summary of Recommendation:

1. It is our recommendation that each school district designate personnel to facilitate and oversee the integration of Social Emotional Learning and Mental Health in schools.
2. Advocate for funding to evaluate current efforts that are in place or being developed to integrate Social Emotional learning and Mental Health Services into school settings. This may be able to be accomplished through a partnership with the Lilly Endowment as they evaluate the outcomes of their Comprehensive Counseling Grantee's work.

Background of Recommendation:

What is the need or problem?

Community Indicators:

Sources: National Alliance on Mental Illness (NAMI), Child Trends, Adverse Childhood (ACEs) Experiences Study, I-Gen, Center for Disease Control (CDC),

- [One in 5 youth have or will have a serious mental illness](#)
- [At least 50% of those get no treatment](#)
- [School is often a "de facto" Mental Health provider](#)
- [Juvenile Justice system is often the next level of system default](#)
- [Adverse Childhood Experiences \(ACEs\) are prevalent and the best predictor of poor health and second best predictor of academic failure](#)
- [Depression increased by 21% between 2012-2015 for boys and 50% for girls](#)
- [56% more teens experienced a major depressive disorder in 2015 than 2010.](#)
- [46% more 15-19 year olds committed suicide in 2015 than 2007](#)
- [Suicide is the 3rd leading cause of death in youth ages 10-24](#)
- [An NIH study found that 25.1% of kids 13-18 in the US have been diagnosed with anxiety disorders](#)

- [By 2030 the World Health Organization states that depression will be the number one global health risk](#)

School Indicators:

- Students who attend school from kindergarten through secondary school typically spend more than **13,000 hours** of their developing brain's time in the presence of educators and other service providers.
- These students' young brains are *altered by their* experiences in school. We have an opportunity to enhance the positive impact our students' cognitive, social, emotional, academic and overall health, including mental health.
- [51% of children with 4+ ACE Scores have learning and social emotional problems in school compared with only 3% of children with an ACE score of zero.](#) The majority of the time these students are unable to regulate their emotions and therefore are unable to progress in school.
- "A [study](#) estimating the relative influence of 30 different categories of education, psychological, and social variables on learning revealed that social and emotional variables exerted the most powerful influence on academic performance." Collaborative for Academic and Social Emotional Learning (CASEL, 2003, p. 7)
- Educational Neuroscience
 - Stressed brains do not learn the same as brains that feel safe, can emotionally regulate, and feel connection. Because these stressors either go unrecognized or there is a lack of knowledge about their effects on learning and behavior, students dealing with adversity and stress are often identified or mislabeled as having behavior, discipline, and/or learning issues in a school setting.

Current Barriers and Challenges to addressing School Mental Health:

- Lack of resources including personnel who facilitate collaborative efforts across community agencies.
- Despite an increase in System of Care and JDAI efforts and successes, many communities continue to struggle with sustainable efforts to integrate services to meet the needs of our children and their families.

Challenges: Schools

- Lack of resources including personnel to address needs in school setting and district and building levels.
- Constraints on School-Employed Mental Health Staff
 - Current ratios for school psychologists, counselors, and social workers are far higher than recommendations of national professional organizations. In Indiana most student to school counselor, school social worker and school psychologist ratio is well above the recommended number. National Association of School Psychologists (NASP) recommends 1 for every 500-750 students, and both national associations for school counselors and school social workers recommends 1:250.
 - Personnel are often assigned more than one building that creates inconsistencies.
 - Broad non-student services duties; underutilized use of skill-sets

- In general, educators' lack knowledge and understanding of the impact that mental health, adversity, stress and trauma have on a child's social, emotional, behavioral, and cognitive development, and how to address those needs in the classroom setting.

Challenges: Community Partners

- Lack of resources including personnel to address needs in school settings.
- Connections of community mental health providers to schools is usually at a co-exist level. Connections need to be at the level of cooperating and collaborating.
 - Lack of common language
 - Lack Funding for supports at all Intensity Levels.

What is the current response to the problem by the State of Indiana?

- Recent legislation was passed under HEA 1230 which required the Indiana Department of Education to conduct a statewide needs assessment on Indiana's student services workforce and how schools are meeting the social emotional needs of students.
- [IDOE's ESSA plan](#), pg. 103-4, distinctly outlines the need to address social emotional learning (SEL) and student mental health.
- Indiana State Board of Education asked for follow up on IDOE's 2006 Draft of Social Emotional Behavior Plan that was legislated in 2005.
- Increase of educator awareness and involvement in the Indiana System of Care initiative.
- DMHA has recently created a position focusing solely on school-based mental health.

What is the recommender proposing, and how will it help solve the problem?

- By school districts having a dedicated position responsible for integrating student social, emotional, and mental health supports, it will build the capacity for our schools to proactively address the social, emotional, behavioral, and mental health of our students. Having this dedicated position would also preventatively address issues such as bullying, suicide prevention, school violence, substance use prevention, the opioid crisis, poor health outcomes later in life, mental health, workforce, suspensions/expulsions, disproportionality, and the school to prison pipeline.
- In order to do this we must build the capacity of the adults in schools so they can effectively support the social, emotional, behavioral, and mental health of students to foster resilience and promote the development of the whole child within existing school structures and initiatives (MTSS, PBIS, school improvement plans, etc.). This position would support this proactive work.
- To effectively do this it will take a dedicated person overseeing this work within the school district to create teams, facilitate systematic professional development opportunities for school staff and community agency staff, develop and oversee universal screening protocols, examine allocation of resources, support the collection of data and make recommendations based on the district data, and develop collaborative relationships with community partners, just to name a few.

What data, research or other information did the recommender consult to formulate this proposal?

- [Discussions with Indiana Council of Community Mental Health Centers](#)

- Educational Neuroscience and the connection between social, emotional, mental health and academic and behavioral outcomes.
- [Adverse Childhood Experiences Study](#)
- [Evansville Vanderburgh School Corp. SEL Framework](#)
- [System of Care Values and Guiding principles](#)
- [Kennedy Forum-5 Pillars: Pathway to improving the delivery of mental health services in education.](#)
- [CASEL](#)
- [Interconnected Systems Framework](#)
- [Center for School Mental Health](#)
- [SHAPE System](#)
- Social Emotional Behavioral Plan Draft developed by IDOE in 2006
- [Indiana School Mental Health Initiative ESSA](#)

Indiana examples of a dedicated district level position with preliminary results:

Indianapolis Public Schools:

Position: Wellness Coordinator
Dr. Kristie Eaton, PhD in Social Work

Following are outcomes as a direct result of the position:

- Stronger connections and collaborations with community partners
 - Allowing for stronger grant applications and creating more opportunities to braid funding: sustainability
- Creation of a universal mental health referral process
 - During 2017-2018 school year the conversion rate from referrals to active clients went from 50% to over 80%
- Increased development and integration of mental health/wellness framework within existing school structures
- Collecting data from on-site mental health therapists
 - 2,019 mental health counseling referrals
 - 1,416 active clients
 - 992 suicide assessments/106 hospitalizations
- Educating community on mental health and social/emotional learning
- Piloting a teacher wellness program in collaboration with Eskenazi Health
- Piloting a “Be Well” Initiative which includes:
 - Social & Emotional Learning
 - Universal Behavioral Screening
 - Review 360 Tool (Data)
 - Monitoring Progress of Students on a regular basis
- Providing more support for mental health and social emotional learning through school employed mental health professionals (i.e. school social workers, counselors, and psychologists).
- Further development of crisis response teams, suicide and bullying prevention efforts

Evansville Vanderburgh School Corporation

Position: Director of Neuro-education
Susan Phelps, Clinical Psychologist

Following are Outcomes as a direct result of this position, which began 4 years ago:

- Integration of SEL and PBIS as a support to teachers and students.
- Development of systems by reallocating current resources to support and oversee the work.
- Procuring additional resources, and developing competencies of SEL staff to build capacity in a sustainable manner.
- Integration of SEL with academics and school improvement plans
- SEL curriculum aligned with SEL framework
- Development of and application of Metrics for system implementation, fidelity, and impact
- Promotion of mental health through universal SEL curriculum for students and staff and integration with Community Providers.

Hamilton Southeastern School Corporation

Position: Mental Health and School Counseling Coordinator
Brooke Lawson, MSW

Following outcomes as a direct result of this position, which began 3

- District level procedures in regards to students at risk with suicidal ideation and review by an LCSW
- Open communication between the police/fire, inpatient hospitals, and school so that all are able to support students and each other in the school and community settings.
- Development of a crisis liaison position to create a smooth transition process from inpatient facilities back to school.
- District level procedures for referrals of students to mental health providers
- Data collection in regards to students involved in mental health treatment as related to diagnosis, academics, attendance, and discipline referrals.
- Implementation of suicide prevention curriculum at the junior high level
- District-wide mental health stigma reduction initiative
- Creation and support of high school stigma free clubs
- Creation of community partnerships with community organizations to create programming to support students (mental health support groups, sexual assault support groups, training and education from community partners, etc)